



IFW  
AF

FILED VIA HAND DELIVERY, JULY 1, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Dixit et al.

Atty Docket No. PF335D2

Application No.: 09/961,201

Confirmation No.: 6537

Filed: September 24, 2001

Art Unit: 1644

For: Interleukin-1 Beta Converting Enzyme Like  
Apoptosis Protease 6

Examiner: P. Huynh

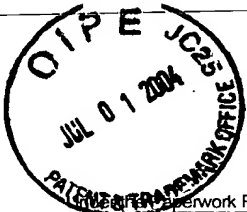
**RESPONSE AND AMENDMENT UNDER 37 C.F.R. 1.116**

Box AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the Office Action mailed on May 03, 2004 (Paper No. 05032004), Applicants respectfully request entry of the following amendments and consideration of the remarks submitted herein. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet; and (b) Return Receipt Postcard.

- Amendments to the claims begin on page 2.
- Remarks begin on page 10.



<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	09/961,201; Conf. #6537
		Filing Date	September 24, 2001
		First Named Inventor	Vishva M. Dixit
		Examiner Name	P. N. Huynh
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1644	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 0.00	Attorney Docket No.	PF335D2

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.																																															
The Director is authorized to: (check all that apply)																																															
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																															
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																																															
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
<b>FEE CALCULATION</b>																																															
<b>1. BASIC FILING FEE</b>																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 0.00</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0.00				
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																										
1001	770	2001	385	Utility filing fee																																											
1002	340	2002	170	Design filing fee																																											
1003	530	2003	265	Plant filing fee																																											
1004	770	2004	385	Reissue filing fee																																											
1005	160	2005	80	Provisional filing fee																																											
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0.00																																										
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>54</td><td>-63** =</td><td></td><td>0.00</td></tr><tr><td>6</td><td>-8** =</td><td></td><td>0.00</td></tr><tr><td colspan="4">Multiple Dependent</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	54	-63** =		0.00	6	-8** =		0.00	Multiple Dependent																																	
Total Claims	Extra Claims	Fee from below	Fee Paid																																												
54	-63** =		0.00																																												
6	-8** =		0.00																																												
Multiple Dependent																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>															
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description																																											
1202	18	2202	9	Claims in excess of 20																																											
1201	86	2201	43	Independent claims in excess of 3																																											
1203	290	2203	145	Multiple dependent claim, if not paid																																											
1204	86	2204	43	** Reissue independent claims over original patent																																											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																											
<b>SUBTOTAL (2)</b>																																															
<b>SUBTOTAL (2)</b> (\$)		<b>SUBTOTAL (3)</b> (\$)																																													
0.00		0.00																																													
**or number previously paid, if greater; For Reissues, see above																																															

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Kenley K. Hoover	Registration No. (Attorney/Agent)	40,302
Signature		Telephone	(301) 610-5771
		Date	July 1, 2004